

77

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED EAA

JUL 06 2015

7-6-15
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

John G. Behof

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No.

(To be supplied by the Clerk of this Court)

15c 5950

Judge Virginia M. Kendall

Magistrate Judge Susan E. Cox

PC2

Tom Dert - Sheriff

Dr. Manella - Dir. of Cermak Health Services

Dr. John Doe of Div. II - Cermak Health Services

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: John G. Behop
- B. List all aliases: _____
- C. Prisoner identification number: S02072
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 689002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: Sheriff
Place of Employment: Cook County Jail
- B. Defendant: Dr. Manella
Title: Director / Superintendent of Cermak Health Services
Place of Employment: Cook County Jail
- C. Defendant: Dr. John Doe
Title: Doctor for Div. 11
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

In December 2012, I had my first back surgery. They removed an in-grown abscess on my spinal column. I was hospitalized for (2) two or (3) three months. I was sent home AND had to return within a month's time because the infection returned. I was released without a back brace on both surgeries. Upon my release, I was prescribed anti-biotic pills for the infection. The medication didn't work AND I was instructed by hospital staff not to return because the infection spread to my chest AND I was told my insurance was no longer taken by the hospital. I went to John Stroger Hospital AND infection was removed. They gave me a back-brace, pain medication AND more anti-biotics. I was then arrested on July 4, 2014. I went through pre-screening upon my arrival. I told them that my back was broken AND they gave me a lower bunk permit AND I B Prophen 600. I was put into Division 6, where there was very little medical care for (14) fourteen days. I kept submitting medical slip/request because my back was ^{hurting} ~~breaking~~, because I had not seen a doctor. I

notified doctors AND nurses from Cermak Health Services
 about my back injury. They gave me some more FB Prophen 800,
 then I WAS sent to Division 8-RTU 3H for about a month,
 with very little medical treatment. I was then moved to
 Division 11, where they had very little medical treatment. I
 was bitten by a spider AND was sent back to Cermak 3 North
 for a week of IV treatment. I was sent back to Division
 11 Cwing. I had a double mattress AND after a "shake-
 down" they removed extra mattress. I was told to get
 permit from doctors. I put in request with doctors but
 they kept refusing my request. Went to physical therapy,
 AND therapist put in notes that back was broken in
 bad spaces AND the need for extra mattress AND more
 pain medication was needed. I proceeded to put in medical
 request slips but they (Cermak) refused to acknowledge
 my requests. I was sent to the dispensary for my requests
 AND was told "I was putting in too many requests". Upon
 inspection of my back, he found a large bump on my spine.
 I was sent to Cermak, where they inserted a needle into
 bump AND I was sent to John Stroger's Hospital. They
 found another abscess AND I had another surgery on my
 spine. After surgery, I was sent back to Cermak 3 West

for treatment. I was given dressing changes for the leakage in the stitches. I was put on the same anti-biotics and pain medication. Abruptly, I was taken off my dressing changes (even though, I was still leaking from wound). I was moved to RTU-3H without giving me dressing changes. Some of the staff of nurses would change my dressings but many would not. At this point, I was begging for help but to no avail, I was taken back to John Stroger's Hospital. My surgeon looked at my back and admitted me back into the hospital. I explained that I wasn't receiving regular dressing changes. My stitches had to be removed because they were opening back up and not closing the wound. I stayed in the hospital for another month. I was sent back to RTU-3B for a week and went back to John Stroger's for a checkup. Complained about back pains and was kept for 7 days. Upon my return to RTU-3C, now I am having problems receiving my pain medication on time. I am also having problems getting my anti-biotics because I was taken off them without a consultation with a doctor.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I Am requesting the court to rule in favor of Compensatory
damages, punitive damages, Awarding of reasonable attorney
fees, cost AND litigation expenses. Such other relief AS
the court may deem just or equitable along with
pain AND suffering damages.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 21 day of June, 20 15

John Behof
(Signature of plaintiff or plaintiffs)

John Behof
(Print name)

2014 0705 179
(I.D. Number)

P.O. Box 089002

Chicago, IL 60608

(Address)

ORDER SHEET

Order Entry D/T: 12/25/14 14:02

Orders Entered By: MYART RN, CASSANDRA
Ordering Dr: DE FUNIAK MD, ANDREW Q

C Medical Equipment

12/23/14 11:45:00, Air Mattress, 1, 12, WEEK, 12/23/14 11:45:00

C Nursing Orderable (generic)

12/23/14 11:45:00, Routine, PLEASE ORDER AIR MATTRESS FOR PATIENT, 12/23/14 11:45:00

Pt. Name: BEHOF, JOHN G
D.O.B./Sex: 07/04/1979 M
Med Rec #: 484096
Physician:
Financial #: 20140705179
Pt. Type: V
Room/Bed: D1 /10
Admit/Disch: 07/05/2014 CDT
- 00/00/00

Order Sheet

Page 1 of 1

Cerner Medical Center
2800 Rockcreek Parkway
Kansas City, MO 64117
Print ID: WATTS RN, JANET
Print Date/Time: 02/06/15 19:23 CST



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2015 X 2841

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Beha

INMATE FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

20140705179

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 Medicine Prescription

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Previously filed as a Request Summ. and Satisfied
CRW has Report given

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE // REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Cermak

DATE REFERRED:

6/13/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Medication in question was not scheduled. You
must ask for it to receive it. Record indicates are to request
in person then. You have been requesting in writing pointing

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Superintendent

SIGNATURE:

Superintendent

DIV. / DEPT.

DATE:

6/10/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

Superintendent

DIV. / DEPT.

DATE:

6/17/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

John Beha

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

6/17/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Behot

PRINT - FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

20140705179

DIVISION (División):

8

LIVING UNIT (Unidad):

3H

DATE (Fecha):

11/1/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Específico Del Incidente)

On the above date, at approximately 5:30 pm, I told the nurse on the tier that I was in pain & that my pain medicine was due. I also informed her that I also needed my wound dressing changed which was past due. The nurse told me she was busy & left the tier without even taking down my name, nor did she mention when she would return. She returned at 9:30 pm to give me my pain medication and flat out refused me my wound dressing change, telling me "That's not my job." She refused to give her name.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

For the name of the nurse to be established on the above date & tier, that she be reprimanded for her negligence & assigned to another tier as compensation.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

Maurice Whittles 20140705179

INMATE SIGNATURE (Firma del Preso):

John Behot

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

Daniel

SIGNATURE:

Daniel

DATE CRW/PLATOON COUNSELOR RECEIVED:

11/4/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

11/1/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

This section is to be completed by Program Services Staff - ONLY! (Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Behof

PRINT - FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

2014 0705 179

DIVISION (División):

8(Rtu)

LIVING UNIT (Unidad):

3-C

DATE (Fecha):

06 / 06 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente)

I have not received my Bactrin D.S. since 5/30/15. I have asked several nurses, filled out four (4) med. forms, and still have not received the Bactrin. An unknown medical staff member took me off of them without seeing me and let consulting with me about my physical health/condition and well being. My surgeon and Infection Control Personnel who drew my blood states to me that I would be prescribed and/or need anti biotics for "AT LEAST TWO (2) YEARS MINIMUM possibly more." I've specifically told the nurses and wrote that repeatedly on the proper forms and no medical personnel have responded in any way verbally or given me any Bactrin D.S. I am required to take them twice a day/every 12 hours.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

I would like the name of the doctor that took me off of the Bactrin D.S., as well as the name of who reviewed the (4) medical/Health Service Request forms and labeled them as unimportant. Thank you very much.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

John Behof

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**
(Oficina del Alguacil del Condado de Cook)

0484096

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Behof

INMATE FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

20140705179

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Code 190 - Medical Prescription

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

6/7/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Prescription discontinued no order. PRC with 4000.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

RCOIN NST

RCOIN NST

RCOIN

6/11/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

John Behof

6/17/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o su designado(a))

Yes (Si)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <u>Behof</u>	PRINT - FIRST NAME (Primer Nombre): <u>John</u>	ID Number (# de identificación): <u>20140705179</u>
DIVISION (División): <u>8-RTY</u>	LIVING UNIT (Unidad): <u>3-C</u>	DATE (Fecha): <u>5-19-15</u>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

The nurse Robert refused to give me my pain meds I am ~~not~~ able to receive them over 8 hr. I look them the night before Wed. Before 9:00 It is now 9:06 in the morning that is well after 12 hr. If the guy don't know how to pass out medication he should not be doing it.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

That it should go in the control and he should not pass out meds over here at 3-C Div 8 RTY

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):Robert (nurse)

INMATE SIGNATURE (Firma del Preso):

John Behof

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): <u>Bru</u>	SIGNATURE: <u>[Signature]</u>	DATE CRW/PLATOON COUNSELOR RECEIVED: <u>5-20-15</u>
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: <u>1-1</u>



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Behar

INMATE FIRST NAME (Primer Nombre):

John

ID Number (# de Identificación):

20149705179

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190-Medical Prescription

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Cermak

DATE REFERRED:

5/20/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

According to Cermak, patient is receiving pain medication as prescribed.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Dawn NSTA

SIGNATURE:

Dawn NSTA

DIV./DEPT.:

PLS

DATE:

5/22/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X John Behar

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5/22/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

/ /

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):

/ /



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Behaf

PRINT - FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

20140705179

DIVISION (División):

8-RTU

LIVING UNIT (Unidad):

3-C

DATE (Fecha):

6/21/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Específico Del Incidente)

On May 19, 2015, Robert Ogbuli (nurse), refused me my pain meds. The person who responded to the prior grievance said that Robert gave them to me @ the prescribed time, and that's not true. It is impossible, he did not give them to me @ all. He specifically said it wasn't time and he never came or called me back to give them. When he denied me, it was already 12 hrs. & 36 mins. PAST DUE. I'm scheduled every 8 hrs to get them, NOT 12:36 PAST DUE. You can check the computer log and cameras if you like - for verification please. Thank you

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

I would like a copy of the times from the computer that I supposedly have taken my pain meds, please. Thank you. John

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

John Behaf

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

Bhu

SIGNATURE:

P

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/3/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

Submission

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015-0058

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Behof

INMATE FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

2041-0705179

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

226-Misc (non-physical) by CHS staff
190-Misc Prescription

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Cermak

DATE REFERRED:

07/06/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

According to our records you did receive
your pain medication & other I had a pain
assessment was completed. No action order for wound care

PERSONNEL RESPONDING TO GRIEVANCE (Print):

M

SIGNATURE:

M

DIV. / DEPT.:

DATE:

5/12/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

1/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X John Behof

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5/12/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (S/)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Behof

PRINT - FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

2014 0705179

DIVISION (División):

8-R.T.U

LIVING UNIT (Unidad):

3-C

DATE (Fecha):

5 129 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente)

According to your response on control # 20150058 I did receive my pain meds. I ended up getting them 4th Late. Which was uncalled for. They should have given them to me when I was scheduled for them. At the time this happened, I was on dressing changes. So if some took me off wound care. Then they messed up. Because my back still had stitches in. And there was still drainage from the wound. Because of that, I had to go back to Strogers Hospital. Which they ended up keeping me for a month, until it was completely healed. Because I was not getting properly cared for in Cermack or R.T.U.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

I would like the nurse's name that denied me my meds when they were due. I would also like the doctor's name that took me off wound care with out seeing me. Also a copy of the times you gave me my pain meds. As well as the times you changed my dressings on my back.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

John Behof

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

Bull

SIGNATURE:

C

DATE CRW/PLATOON COUNSELOR RECEIVED:

6 12 15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1 1 15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):

Orders

Patient : BEHOF, JOHN G

Med Rec # : 00484096z

Address : 200 SO.SACRAMENTO, 1738 S RIDGELAND APT

DOB : 07/04/79

CHICAGO, IL 60649

Sex : Male

Phone : (312) 804-9726

Physician :

All Orders (All Statuses)

Condition

Medical Classification (CCDOC Medical Classification)

M4 - Infirmary Medical, 08/28/14 17:29:00

Alert CCDOC

07/05/14 8:00:00, Lower Bunk, Routine, 26, WEEK, 01/03/15 20:02:00

Nursing Orders

Transfer to (CHS)

08/28/14 17:30:00, Medical Infirmary, 3 North, Stat

Heplock

08/28/14 17:29:00, Stat, Stop Date/Time: 08/28/14 17:29:00

Medications

clindamycin (clindamycin inj BAG)

600 MG, 50 ML, Inj, IVPB, Q 8 Hr, Routine, 08/28/14 21:00:00, 3 DAYS, 08/31/14 20:59:00, 100 mL/hr, 0.5 HR

ibuprofen (ibuprofen 600 mg Tab UD)

600 MG, 1 TAB, Tab, PO, Q 8 Hr, PRN, For Pain, Routine, 07/31/14 10:20:00, 09/25/14 10:19:00

naproxen (naproxen 500 mg Tab (KOP))

500 MG, 1 TAB, Tab, PO, Q 12 hr kop, Routine, 07/05/14 21:00:00, 12 WEEK, 09/27/14 20:59:00

diphenhydramine (diphenhydramine 25 mg Cap UD)

25 MG, 1 CAP, Cap, PO, Daily, Routine, 08/30/14 9:00:00, 3 DAYS, 09/02/14 8:59:00

doxycycline (doxycycline 100 mg Cap (KOP))

100 MG, 1 CAP, Cap, PO, BID kop, Routine, 07/31/14 10:21:00, 7 DAYS, 08/07/14 10:20:00

vancomycin

1,000 MG, Inj, IVPB, Q 12 Hr, Routine, 08/28/14 21:00:00, 3 DAYS, 08/31/14 20:59:00

sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 800 mg-160 mg DS tablet) (sulfamethox-trim 800/160 mg Tab UD)

1 TAB, Tab, PO, Q 12 Hr, Routine, 08/29/14 21:00:00, 7 DAYS, 09/05/14 20:59:00

bacitracin topical (bacitracin Oint 1gm/PKT)

1 APP, Oint, Topical, TID kop, Application Site: Other - See Instructions to Nursing, Instruction to Nursing: R shoulder, 07/06/14 9:00:00, 5 DAYS, 07/11/14 8:59:00

Radiology

CT Chest w/ + w/o IV Contrast

Stat, 07/30/12 13:00:00, Chest Pain, Future Order, Ambulatory

Chest Screening

Routine, 07/05/14 10:16:19, Ambulatory, Schedule Indicator

Consults/Referrals

Follow Up to Primary Care

Routine, 09/09/14 8:00:00

Referral to Health Service

Routine, 08/24/14 10:30:00, HSR Follow Up

Referral to Infectious Disease

Routine, 08/01/14 0:00:00, Infection, MRSA

Follow Up to Primary Care

Routine, 07/31/14 8:00:00

Referral to Intake Medical Assessment

Routine, 07/05/14 19:53:13, Intake Follow Up

Initial Intake Screening

Orders

Patient : BEHOF, JOHN G

Med Rec # : 00484096z

Address : 200 SO.SACRAMENTO, 1738 S RIDGELAND APT DOB : 07/04/79

CHICAGO, IL 60649

Sex : Male

Phone : (312) 804-9726

Physician :

All Orders (All Statutes) continued...

Procedures

Misc Procedure (Neuro)

SIERENS MD, DIANE, JOURABCHI MD, ALI, Choice, Primary Procedure, Posterior Thoracic Washout, 127, 15, 15

Orders

Patient : BEHOF, JOHN G	Med Rec # : 00484096z
Address : 200 SO.SACRAMENTO, 1738 S RIDGELAND APT	DOB : 07/04/79
CHICAGO, IL 60649	Sex : Male
Phone : (312) 804-9726	Physician :

All Active Orders

113CH; 312; 1 Pin#:20140705179 Admit: 7/5/2014 00:00:00 CDT (Condition)

Alert CCDOC

10/03/14 8:00:00, Lower Bunk, Routine, 26, WEEK, 04/06/15 10:53:00

113CH; 312; 1 Pin#:20140705179 Admit: 7/5/2014 00:00:00 CDT (Medications)

ibuprofen (ibuprofen 600 mg Tab UD)

600 MG, 1 TAB, Tab, PO, Q 12 hr kop, PRN, For Pain, Routine, 12/02/14 9:57:00, 12 WEEK, 02/24/15 9:56:00

methocarbamol (methocarbamol 750 mg Tab (KOP))

750 MG, 1 TAB, Tab, PO, Q 12 hr kop, Routine, 12/01/14 21:00:00, 12 WEEK, 02/23/15 20:59:00

113CH; 312; 1 Pin#:20140705179 Admit: 7/5/2014 00:00:00 CDT (Consults/Referrals)